

Notice Effective Date: September 9, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Responsibilities

M.D. Home Health, LLC takes the privacy of your health information seriously. M.D. Home Health is legally required to maintain the privacy of protected health information. Protected health information includes any information originated or received by our agency about your health status, provision of your health care, or payment for your health care that can be linked to you as an individual. We must provide you with notice of our legal duties and our policies regarding the use and disclosure of your health information. We are legally required to follow the privacy practices described in this notice and to notify affected individuals following a breach of unsecured protected health information.

We reserve the right to change the terms of this notice at any time and to make the new notice provisions effective for all protected health information that we already maintain about you as well as any health information we receive or generate about you in the future. If we revise this notice, on or after the effective date of the revision, we will advise you of the availability of a new notice which we will provide you with upon your request. In addition, all updated notices will be posted on the agency's website at www.mdhomehealthllc.com. The notice will contain the effective date on the first page, in the top right-hand corner.

How We May Use and Disclose Your Health Information

At M.D. Home Health, we use and disclose our clients' health information for a variety of reasons. In some circumstances, we are legally permitted and at times required to use or disclose your health information without your authorization. However, there are other circumstances where we are required by law to get your written authorization before we use or disclose your PHI. The information presented below describes in detail how M.D. Home Health may use or disclose the health information we maintain about you.

- **To provide treatment** – We may use and disclose health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, therapists, home health aides, or other personnel, including people outside our agency, who are involved in your medical care and need the information to provide you with medical care and coordinate your medical treatment.
- **To obtain payment** – We may use and disclose your health information to bill and obtain payment for the treatment and services we provide you. For example, we will include your health information on invoices to we send to your health plan so that they will pay for your treatment. The information on, or accompanying, the bill may include information like your diagnosis, the services provided and the supplies we used during your care.
- **For health care operations** – We may use and disclose your health information in order to facilitate agency day to day functions. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use or disclose your health information to monitor and improve the quality of healthcare we provide; to assess employee performance; to orient and train employees; to perform compliance audits; for emergency management coordination and disaster planning.
- **To individuals involved in your care or payment for your care** - When appropriate, we may share your health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **For research** – Under certain circumstances, we may use and disclose your health information for research. For example, a research project may involve comparing the outcomes of patients who received one treatment to those who received another, for the same condition. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

SPECIAL SITUATIONS – In some circumstances M.D. Home Health is allowed, and at times required, by Federal, State or local law to disclose your health information without your authorization. These circumstances include:

- **As required by law** – We will disclose health information when required to do so by federal, state or local law.
- **To report abuse, neglect or domestic violence** – We will notify government authorities if we believe someone is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
- **When there are risks to public health** – We may disclose your health information for public health activities such as: to prevent or control disease, injury or disability; to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease; to report reactions to medications or problems with products.
- **For health oversight activities** – We may disclose your health information to Florida Department of Health, the Agency for Health Care Administration or other agencies responsible for monitoring the health care system for activities such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **To coroners, medical examiners and funeral directors** – We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release health information to funeral directors as necessary for their duties.
- **To avert serious threat to health or safety** – We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **To our business associates** – We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. Some examples of our business associates to whom we may disclose your health information to include but are not limited to, consultants, accountants, lawyers, medical record storage companies and software vendors.
- **For organ and tissue donation** – If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- **To military and veterans** – If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of a foreign military.
- **For workers' compensation** – We may disclose your health information to your employer for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.
- **To law enforcement** – We may disclose your health information to law enforcement officials in response to a court order; to identify a suspect, witness or missing person; about crime victims; or if we suspect your death is the result of criminal conduct.
- **For data breach notification purposes** – We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **For lawsuits and disputes** – If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **For national security and intelligence activities** – We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **For protective services for the President and others** – We may disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- **For inmates or individuals in custody** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT – In the following situations, we may disclose your health information if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure.

- **To families, friends or others involved in your care** – Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine if it is consistent with any prior expressed wishes, that it is in your best interest, based on our professional judgment. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.
- **Disaster Relief** – We may disclose your protected health information to disaster relief organizations that seek your health information to coordinate your care, or notify family and friends of your location, condition or death in the event of a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION – The following uses and disclosures of your protected health information will be made only with your written authorization:

- Uses and disclosures of protected health information for marketing purposes; and
- Disclosures that constitute a sale of your protected health information

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization to release your protected health information, you may revoke it at any time to stop future uses or disclosures by submitting a written revocation to the contact person listed below. If you revoke your authorization, we will retain records of the care that was provided to you but we will no longer use or disclose health information about you for the reasons covered by your written authorization. In addition, we will not be able to retrieve any disclosures we have already made on your behalf.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

RIGHT TO INSPECT AND COPY – You have a right to inspect and copy your health information including billing records. To arrange for access to your records or to receive a copy of your records, you should submit a written request to the contact listed below. We have up to 30 days to make your health information available to you and we may charge you a reasonable fee for the costs of copying, mailing and supplies associated with your request. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

RIGHT TO AN ELECTRONIC COPY OF ELECTRONIC MEDICAL RECORD – If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

RIGHT TO GET NOTICE OF A BREACH – You have the right to be notified upon a breach of any of your unsecured protected health information.

RIGHT TO AMEND – If you feel that the health information we have in your record is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the contact listed below. Written requests must include a reason that supports your request. We may deny your request for an amendment if

we determine that the information is correct and complete. If we deny your request to amend your health information we will state the reasons for denial and explain your rights to have the request and denial reviewed.

RIGHT TO AN ACCOUNTING OF DISCLOSURES – You have the right to request a list of disclosures we made of your health information, except those exempted by law from this requirement, for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the contact listed below.

RIGHT TO REQUEST RESTRICTIONS – You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the contact listed below. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We cannot agree to limit uses/disclosures that are required by law. You understand that we are not able to take back disclosures that have already been made.

OUT-OF-POCKET-PAYMENTS – If you paid us out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the contact listed below. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, call us at the phone number listed in the contact information below. Or, if you prefer, you can view a copy of this notice on our website at www.mdhomehealthllc.com.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your protected health information, you may file a complaint with the Compliance Officer listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized if you file a complaint.

Contact Information

PHONE: (561) 689-0445
FAX: (561) 689-0415
CELL: (561) 215-5327

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